

1.) CORPORATION NAME:

**THE NATIONAL FOUNDATION FOR INFECTIOUS DISEASES**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**D EUGENE WEBB JR  
1001 HAXALL POINT, 15TH FL  
POST OFFICE BOX 1122**

SCC ID NO: **01407246**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7201 WISCONSIN AVENUE  
SUITE 750

CITY/ST/ZIP: BETHESDA, MD 20814-5228

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |                     |   |  |
|-----------------|---------------------|---|--|
| NAME:           | THOMAS M FILE JR MD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT           |   |  |
| ADDRESS:        | 3880 NORTH SHORE DR |   |  |
| CITY/ST/ZIP/CO: | AKRON, OH 44304     |   |  |

|                 |                               |   |  |
|-----------------|-------------------------------|---|--|
| NAME:           | PATRICK JOSEPH MD             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRES ELECT                    |   |  |
| ADDRESS:        | 5601 NORRIS CANYON RD<br>#220 |   |  |
| CITY/ST/ZIP/CO: | SAN RAMON, CA 94583           |   |  |

|                 |   |   |  |
|-----------------|---|---|--|
| NAME:           | WALTER A ORENSTEIN MD   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT  |   |  |
| ADDRESS:        | EMORY UNIVERSITY, EMORY VACCINE CENTER<br>1462 CLIFTON ROAD NE, SUITE 446 |   |  |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30322   |   |  |

|                 |                     |   |  |
|-----------------|---------------------|---|--|
| NAME:           | GEORGES PETER MD    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER           |   |  |
| ADDRESS:        | 525 BOYLSTON ST     |   |  |
| CITY/ST/ZIP/CO: | BROOKLINE, MA 02445 |   |  |

|                 |  |   |  |
|-----------------|--|---|--|
| NAME:           | PATRICIA N. WHITLEY-WILLIAMS, MD                                   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY  |   |  |
| ADDRESS:        | ONE ROBERT WOOD JOHNSON PLACE<br>DEPARTMENT OF PEDIATRICS, MEB 306 |   |  |
| CITY/ST/ZIP/CO: | NEW BRUNSWICK, NJ 08903  |   |  |

|                 |                      |                                  |  |
|-----------------|----------------------|----------------------------------|--|
| NAME:           | WILLIAM SCHAFFNER MD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR             |                                  |  |
| ADDRESS:        | 809 TIMBER LN        |                                  |  |
| CITY/ST/ZIP/CO: | NASHVILLE, TN 37215  |                                  |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |   |                 |
|---|---|-----------------|
| <u>/s/ THOMAS M FILE JR MD</u>                      | <u>THOMAS M FILE JR MD,</u>                   | <u>8/6/2014</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE | DATE            |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.